SWINTON
URBAN DISTRICT COUNCIL

THE HEALTH OF SWINTON 1962





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SWINTON URBAN DISTRICT COUNCIL

MEMBERS as at 31st December, 1962

Chairman of the Council: Councillor J. R. Beck, J.P.

Vice-Chairman of the Council:
Councillor W. Gibson

Chairman of the Public Health Committee:

Councillor E. P. Sykes

Councillors:

Mrs. I. Cobb.

Mrs. W. Lawrence.

J.

A. H. Marriott.

A. Newsam, J.P.

J. Randerson.

G. Reader.

J. W. Taylor.

D. Thompson.

H. R. Trickett.

J. White.

Medical Officer of Health:

D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M. & H.

Chief Public Health Inspector:

E. FULLER, D.P.A., Cert. R. San. Inst.

PREFACE

Public Health Department, Council Offices, SWINTON.

Nr. Mexborough.

To the Chairman and Members of the Swinton Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

This report on the health of the district contains information concerning the Personal Health Services and the School Health Service, which come under my supervision as Divisional Medical Officer.

The population of the town again shows an increase, the natural increase during 1962 being 113. There has been an overall increase of 300 according to the Registrar General estimate of resident population for mid-1962.

There was no maternal death during the year, but three infants died under the age of one year from a total of 246 live births. All three babies died in hospital, and one which survived only six hours had a birth weight of 1 lb. 10 oz. The infant mortality rate of 12·2 per thousand related live births is well below the national average which is 21·4. The live birth rate of 16·8 per thousand population is slightly lower than that for England and Wales.

No deaths were recorded from tuberculosis, but six males died from cancer of the lung and cancer of the bronchus. Health statistics generally compare favourably with those of corresponding areas of the country.

There is an urgent need for more hospital beds for midwifery, and there is also a shortage in the area of hospital accommodation for the aged chronic sick, particularly females.

I take this opportunity to thank Mr. E. Fuller, the Public Health Inspector, for his efforts and co-operation during the year. His work is devoted mainly to the maintenance and improvement of environmental conditions. The work of the Public Health Department becomes increasingly more complex and depends for its success to a great extent on team work.

The support of the Council too in public health work is all important and for their help in 1962 my thanks are due to the Chairman and Members.

I remain.

Your Obedient Servant,

D. J. CUSITER,

Medical Officer of Health.

Divisional Public Health Office, Dunford House, Wath-upon-Dearne. (Tel. No. Wath 2251/2).

SECTION "A" NATURAL AND SOCIAL CONDITIONS OF THE AREA

(a) General Statistics

Area (in acres)	1,718
Registrar-General's estimate of Resident	
Population Mid-1962	13,740
Number of inhabited houses at 31st December, 1962	4,593
Population density (persons per house)	3.0
House density (houses per acre)	2.7
Rate value	£148,675
Net product of 1d. rate	£575
Rainfall for the year in inches	17.93"

(b) Physical and Social Conditions

The estimated resident population increased by 300 compared with the year 1961. The number of inhabited houses also increased by 131 in the year. 260 families have been re-housed from properties demolished during the last 12 years. The majority of the population of working age are employed in the mining industry, steel works and foundries, and British Railways. A glass works, a mineral and beer bottling plant, and a manufacturer of domestic electrical appliances, also provide work for men and women.

The rateable value of the district increased by £12,000 and the net product of a penny rate jumped £35 to £575.

VITAL STATISTICS

Live Births :-

DIL CITO .						
				Males	Females	Total
Total	• • •	• • •	• • •	127	119	246
Legitimate	• • •		• • •	125	115	240
Illegitimate	• • •	• • •	• • •	2	4	6
Live Birth F	Rate (un	correct	ted) per	1,000	popula-	
lation .	••	•		• • •		17.9
Live Birth R	late (co	rrected) per 1,0	000 pop	oulation	16.8
Illegitimate	live bir	ths per	rcentage	of to	tal live	
births .						2.4

Still-births:---

		Males	Females	Total
	Total	3	3	6
	Rate per 1,000 live and still			22.0
	births			23.8
		Males	Females	Total
	Total Live and Still-births	130	122	252
Deaths	s of Infants under 1 year of age :-			
		Males	Females	Total
	Total	3		3
	Legitimate	3		3
	Illegitimate			
Infant	Mortality Rate per 1,000 live birth	ns	• • •	12.2
Legitir	nate Infants per 1,000 legitimate li	ve birtl	ns	12.5
Illegiti	mate Infants per 1,000 illegitimate l	ive bir	ths	Nil
	atal mortality rate (deaths under 0 total live births)		-	4.1
,	neo-Natal mortality rate (deaths u			4.1
	atal mortality rate (still-births and eek combined per 1,000 total live as			27.8
Mater	nal mortality, including abortion:			
	Number of deaths	• • •	•••	Nil
	Rate per 1,000 total live and still	-births	• • •	Nil
Total	deaths	• • •	•••	153
	Death Rate (uncorrected)	• • •	• • •	11.1
	Death Rate (corrected)	• • •	• • •	14.3
	Natural increase of population		• • •	113

CAUSES OF DEATH IN 1962

			M.	F.	Total
1.	Tuberculosis (Respiratory) .				
2.	Tuberculosis (Other)	• •			
3.	Symbilitie disease	• •			
4.	Diphthoria	• •			
5.	Whooping Cough				
6.	Manings as a land	• •		1	1
7.	Acuta Paliamyalitia	• •		1	1
8.	X X 1	• •			
9.	Other infective and parasitic	• •	_	_	
٦.	diseases				
10.	Malianant magalage stampal	• •	2		2
11.	Malignant neoplasm, lung, bronchi		6		6
12.	X / - 1:		0	2	2
13.	X.7. 1	• •	_	2	2
14.	Other malignant and lymphatic	• •			
1 1.	neoplasms		9	2	11
15.	Leukaemia and aleukaemia	••		_	
16.	Diabatas	• •			
17.	Vascular lesions of nervous system		4	11	15
18.		••	22	12	34
19.	U-mantanaian mith haant diasaa	• •		3	3
	Other heart disease	• •	8	15	23
21.	Other circulatory disease		1	8	9
22.	Influenza		_		
23.	Pneumonia		7	2	9
24.	Branchitic	• •	8	2	10
25.	Other diseases of respiratory syste		2	3	5
26.	Ulcer of stomach and duodenum .		1		1
27.	Gastritis, Enteritis and Diarrhoea .				
28.	Nephritis and Nephrosis		1	2	3
29.	TT 1 · · · · · · · · · · · · · · · · · ·	• •			
30.	Pregnancy, childbirth and abortic	on			
31.			1		1
32.	Other defined and ill-defined disease	es	8	1	9
33.	Motor vehicle accidents		1	1	2
34.	All other accidents		2	4	6
35.	Suicide		1		1
36.	Homicide and operations of war .	• •			
	Total	S	84	69	153

Deaths of Infants under 1 year of age

No	. Cause of Death		Age	Died at
1.	Pneumonia	• • •	4 months	Montagu Hospital,
				Mexborough.
2.	Meningitis—Intestinal	bstruction	1 month	Thornbury Annexe,
				Sheffield.
3.	Prematurity—1 lb. 10 oz	• • • •	6 hours	Montagu Hospital,
				Mexborough.

The following table shows an interesting comparison between the Authority's vital statistics and those of the West Riding Couny Council Urban Authorities, the West Riding and England and Wales.

	Swinton Urban District	Div. 26	Aggregate West Riding Urban Districts	West Riding Admini- strative County	England and Wales
Live Births (Crude) Live Births (Corrected)	17·9 16·8	18.7	17·5 17·7	17·8 17·8	18.0
Death Rate—All causes Crude Death Rate—All causes Corrected	11·1 14·3	10·7 *	12·7 13·4	12·0 13·3	11.9
Infective and Parasitic Diseases - excluding Tuberculosis, but including Syphillis and other V.D.	0.07	0.03	0.04	0.04	*
Tuberculosis: Respiratory Other Forms All Forms	Nil Nil Nil	0·07 0·02 0·09	0·05 0·01 0·06	0·05 0·01 0·05	0·06 0·01 0·07
Cancer	1.53	1.76	2.14	2.0	2.18
Vascular Lesions of the Nervous System	1.09	1.36	1.97	1.84	*
Heart and Circulatory Diseases	5.02	4.07	4.84	4.56	*
Respiratory Diseases	1.75	1.72	1.62	1.52	*
Maternal Mortality	Nil	Nil	0.09	0.02	0.35
Infantile Mortality	12.2	21.9	22.8	23·3	21.4
Neo Natal Mortality	4.1	14.6	15.3	15.7	15.1
Early Neo Natal Mortality	4·1	13.2	14.7	13.3	13.1
Perinatal Mortality	27.8	30.5	30.6	31.5	30.8
Still-Births	23.8	18·1	18.0	18.5	18.1

^{*}Figures not available.

SECTION "B"

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. Staff

Public Health Department, Swinton (Swinton Urban District Council)

Medical Officer of Health and Divisional Medical Officer:

D. J. CUSITER, M.B., Ch.B., D.T.M. & H., D.P.H.

Deputy Medical Officer of Health:

J. D. HALL, M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspector:

E. FULLER, D.P.A., M.A.P.H.I., A.I.Hsg.

2. Laboratory Services

The Public Health Laboratories at Wakefield, where the Medical Director is Dr. L. A. Little, and at Sheffield (Medical Director, Dr. E. H. Gillespie) carry out bacteriological examinations.

3. National Assistance Act, 1948—Section 47

This section of the Act is concerned with the compulsory removal of persons from their homes on a Court Order, or in an emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such persons may be removed to a County Home or Hospital provided that all the sections of the Act are satisfactory.

It was not necessary to take any action under this Section in 1962.

LOCAL HEALTH AUTHORITY SERVICES. CARE OF MOTHERS AND YOUNG CHILDREN SECTION 22

Ante-Natal Clinics:

Ante-Natal Clinics are held weekly as follows:-

Place	Day and Time	Medical Officer
C.W.C. Welfare Avenue, Conisbrough.	Thursday 2—4 p.m.	Dr. J. C. McWilliam
C.W.C. Church Road, Denaby Main.	Wednesday 10 a.m.—12 noon	~ do -
C.W.C. Welfare Park, Goldthorpe.	Thursday 2—4 p.m.	- do -
C.W.C. Adwick Road, Mexborough.	Wednesday 2—4 p.m.	- do -
C.W.C. Barbers Avenue, Rawmarsh.	Thursday 10 a.m.—12 noon	Dr. Mary Scott
C.W.C. Rock House, Swinton.	Thursday 10 a.m.—12 noon and 2—4 p.m.	Dr. H. H. Smith
C.W.C. off Houghton Road, Thurnscoe.	Friday 10 a.m.—12 noon	Dr. J. C. McWilliam
C.W.C. Church Street, Wath-on-Dearne,	Friday 10 a.m.—12 noon	Dr. Dora Chapman

Attendances:

	No. of Patients	No. of
Clinics	who Attend	Attendances
Conisbrough	138	583
Denaby Main	141	744
Goldthorpe	136	432
Mexborough	225	827
Rawmarsh	376	1,008
Swinton	239	925
Thurnscoe	51	245
Wath-upon-Dearne	247	500
		-
TOTAL	1,573	5,264
		

Dr. J. C. McWilliam, who is Medical Officer in charge of the Ante-Natal Clinics in the Conisbrough, Mexborough and Dearne areas, also holds a joint appointment as Senior Hospital Medical Officer at the Montagu Hospital, Mexborough.

There were 2,094 live and still births in the Divisional Area in 1962; thus the above figures indicate that 75% of all expectant mothers in the area attend the Local Authority's Ante-Natal Clinics at some time during their pregnancy.

Ante-Natal Relaxation Classes:

Relaxation Classes are held at 8 centres which are listed below. The Class at Thurnscoe commenced on 11th July, 1962 following the opening of the New Clinic there. The present Clinic premises at Conisbrough are unsuitable for Relaxation Clinics, but it is anticipated that a new Clinic with modern amenities will be opened late in 1963.

				No. of Attendances
Clinics				Made
Denaby Main	• • •	• • •	• • •	226
Goldthorpe	• • •	• • •	• • •	379
Mexborough	• • •	• • •	• • •	225
Monkwood, Rawi	marsh	• • •		180
Rawmarsh	• • •		• • •	490
Swinton			• • •	506
Thurnscoe		• • •		101
Wath-upon-Dear	ne	• • •	• • •	1,012
	TO	TAL	• • •	3,119

Family Planning Clinics:

The Mexborough Branch of the Family Planning Association have the use of Child Welfare Centre at Mexborough for their Clinics. They also receive a grant-in-aid from the County Council, as it was agreed that they should take over the functions of the Birth Control Clinic which was formerly run by the County Council at Rock House, Swinton. Sessions are held each Tuesday evening from 6.15 p.m. to 7.30 p.m. with the exception of the month of August.

Infant Welfare Clinics:

Sessions are held as follows:-

C.W.C. Conisbrough—

Monday 2—4 p.m.

Dr. M. Bajorek

C.W.C. Denaby Main—

Tuesday 2—4 p.m.

Dr. M. Bajorek

C.W.C. Goldthorpe—

Monday 2—4 p.m.

Dr. B. R. A. Demaine

C.W.C. Mexborough—

Tuesday 2—4 p.m. Thursday 2—4 p.m. Dr. B. R. A. Demaine Dr. W. R. Porter

C.W.C. Rawmarsh (Monkwood)

Thursday 2—4 p.m.

Dr. J. Galvin

C.W.C. Rawmarsh (Barbers Avenue)

Tuesday 2—4 p.m.

Dr. Jessica Core

C.W.C. Swinton—

Monday 2—4 p.m.

Dr. I. Campbell

C.W.C. Thurnscoe—

Monday 2—4 p.m.

Dr. J. Wilczynski

C.W.C. Wath-on-Dearne—

Monday 2—4 p.m.

C.W.C. West Melton-

Tuesday 2—4 p.m.

Dr. Marion Lister

Dr. Marion Lister

C.W.C. Kilnhurst-

Wednesday 2-4 p.m.

Dr. Jessica Core

Attendances during 1962 were:

	Centre	No. of individual children who attended		No. of ndance
			Under 1 year	Over 1 year
	Conisbrough Denaby Main Goldthorpe Kilnhurst Mexborough Monkwood Rawmarsh Swinton Thurnscoe Wath-on-Dearne West Melton	373 503 91 470 253 498 458 556 282	2494 2082 2937 561 4624 768 1581 3371 3618 1451 812	834 581 650 304 1859 313 424 771 1423 297
-	west Metton	3946	24299	7799

Two new clinics were opened in 1962; in January Thurnscoe Clinic was completed and brought into use. This is one of the smaller type clinics, but is complete with an up-to-date Dental Wing. The Goldthorpe Clinic (opened in June 1962) is a larger building and also includes a Dental Unit. A similar building to the Goldthorpe Clinic is due to be opened in 1963 at Wath-on-Dearne and plans are also in hand for a third Clinic of this type at Mexborough. Provision for smaller type Clinics at Conisbrough and Kilnhurst has been made in the 1963/64 financial estimates.

Facilities for vaccination and immunisation against Smallpox, Diptheria, Whooping Cough, Tetanus and Poliomyelitis are available at all Infant Welfare Clinic sessions.

Health Education activities are now a regular part of the Health Visitors duties at Infant Welfare Clinics, and such duties as baby-weighing, etc., are undertaken by Clinic Nurses or Voluntary Workers whose help is always so much appreciated.

The range of proprietary foods on sale at Clinics was drastically reduced in 1962, by resolution of the County Health Committee.

Toddler Clinics are held monthly at 8 Child Welfare Centres. Invitations combined with birthday greeting cards are sent to mothers. They meet the doctor at the Clinics and discuss any worries which they may have relating to the Infant's progress.

Premature Babies:

The nationally agreed definition of a premature baby is one which weighs $5\frac{1}{2}$ lbs. or less at birth, although some of these may be full time babies.

There were 138 premature births in this Division of which 15 were born dead. 9 sets of twins are included in this total. 30% of the premature babies were born at home and 70% in hospital. Of those born at home, all but one weighed over 4 lbs. 14 premature babies died in the first four weeks of life; one at home and thirteen in hospital.

STATISTICS RELATING TO PREMATURE BABIES BORN IN 1962

		Born Alive	(1)		Stillbirths			No. who	No. who survived 28 days	28 days
District	At	In Hosp.	Total	At	In Hosp.	Total	No. removed to Hosp. After Birth	Born at Home	Born in Hosp.	Total
Conisbrough	9	20	26	1	2	2	I	9	18	24
Dearne	10	22	32	ĺ	2	2	I	10	18	28
Mexborough	6	7	16	ı	m.	ю	_	∞	5	13
Rawmarsh	6	17	26	1	3	æ	2	6	91	25
Swinton	m	∞	=======================================	-	2	8	2	3	7	10
Wath-upon-Dearne	m	6	12	-		7	-	ю	9	6
TOTALS	40	83	123	2	13	15	9	39	70	109

Care of the Unmarried Mother and her Child:

A total of 61 illegitimate births were notified during 1962, 60 of which were ascertained by our own staff and one referred by a Moral Welfare Organisation.

These cases were classified as follows: (a) Married: (1) With previous illegitimate children 8 (2) Without previous illegitimate children 12 (b) Single: (1) With previous illegitimate children 8 (2) Without previous illegitimate children 25 (c) Widowed or Divorced: (1) With previous illegitimate children 4 (2) Without previous illegitimate children 4 Their ages were as follows:— (a) Age 15—19 ... 9 (b) Age 20—24 ... 16

In three cases the baby died; two were adopted; one was fostered; the grandparents kept the child in one case and fifty-one mothers kept their child. In the remaining two cases a decision as to the future care of the infant had not been made at the year end.

14

21

1

(c) Age 25—29

(d) Age 30-39

(e) Age 40 and over

Under the County Council's Scheme for the Care of the Unmarried Mother and Her Child, financial responsibility may be accepted for the maintenance of unmarried mothers in Moral Welfare Homes for thirteen weeks. The thirteen weeks is exclusive of the laying-in period.

Section 23 — MIDWIFERY

There were 23 Midwives employed in the Divisional Area at the 31st December, 1962 and all but three of these were authorised to use their private motor cars on official business. The three nurses without cars were non-drivers. The County Council in common with other local authorities operate an Assisted Car Purchase Scheme for staff classified as 'essential users.'

Refresher Courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board. The County Council also provided Courses of Instruction for Midwives at the Adult College at Grantley Hall. Additionally, meetings of Midwives are arranged at regular intervals locally.

The issue of Trilene Inhalers to all staff was completed during the year and arrangements were subsequently made to withdraw the "Minnitt" Gas and Air machines previously used. A small stock was retained at the Divisional Office for use when Trilene machines were undergoing their annual re-test.

Of the 2,094 live and still births in the Divisions during 1961, the District Widwives delivered 1,176 babies. This means that 56% of all deliveries took place at home. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. The need for more maternity beds in the area must again be emphasised and no apology is made for repeating this statement. General Practitioners were present at 227 of the home confinements and medical aid was requested on 207 occasions. Midwives also attended six mothers who were discharged from hospital after 48 hours, a further 67 discharged up to and including the fifth day and 279 discharged before the 10th day after delivery.

The following home visits were made by District Widwives during 1962:—

	Ante-Natal Visits	Post-Natal Visits
Domiciliary cases	7,941	18,823
Hospital cases	519	1,677
	8,460	20,500

HEALTH VISITING — Section 24

24 Nurses were employed in the Health Visiting Service at the 31st December 1962, 14 of whom are fully qualified Health Visitors. The remaining 10 are all State Registered Nurses.

Extra Clinic sessions including Toddler Clinics, Health Education sessions in schools, and clinics for the ascertainment of deafness all demand more of the Health Visitors' time and reduce the hours available for home visiting. Three Health Visitors in this Division have been specially trained in the early ascertainment of deafness in young children and they carry out tests on all children under the age of 5 years who are considered to be at risk. A pure-tone audiometer has also been obtained for Divisional use and all children in their last year at Infant Schools will be tested as soon as possible. Treatment is arranged where necessary in consultation with the family doctor.

In 1961 a pilot scheme designed to improve liaison between family doctors and the Health Visitors was started. It was agreed that an Assistant Health Visitor should pay a weekly visit to the consulting rooms following morning surgery to meet both doctors in this particular practice and discuss and possibly resolve any problems which either side might have. It later proved that fortnightly visits to the surgery were adequate, and if it became necessary between such visits

for the doctor to contact the Health Visitor they did so between 9 a.m. and 10 a.m. at the Clinic, Monday to Friday, or by telephone at her home address at other times. Ambulant patients with problems could also be sent to the Clinic between 9 a.m. and 10 a.m. each morning. This scheme was introduced on a slightly modified basis with two other practitioners in the Division. Consideration is now being given to the attachment of Health Visitors to all practices, and it is intended that Health Visitors will visit the patients on the general practitioner's register no matter where they live provided the address is in the Divisional Area. At the present time the Health Visitors have a defined district. Should this scheme be introduced, mobility will be essential and all Health Visitors will require motor cars.

A time-consuming part of the Health Visitors work is visiting the aged especially those recommended for chiropody treatment.

Details are given later in this report of the activities of the Health Visitor in the ever expanding Health Education programmes.

The following is an Analysis of the work undertaken by Health Visitors during 1962.

Visits:-

To expectant mothers	• • •	• • • • • • •	• • •	198
To children under 1 year	• • •	9,647		
To children aged 1—2 years	• • •	4,584		
To children aged 1—5 years	• • •	6,976		21,207
To tuberculosis households		• • • • • • • • • • • • • • • • • • • •	• • •	893
To other cases	• • •		• • •	17,097
To School Health Cases	• • •	• • • • • •	• • •	1,273
Ineffective visits	• • •	• • • • • •	• • •	3,357
		Total		44,025

Clinic and School Sessions:-

Maternity and Child	Wel	lfare	• • •				2,260
Ultra Violet Light	• • •			• • •	• • •	• • •	43
Specialist—Chest	• • •		• • •			• • •	27
—Other	• • •					• • •	244
School Health							1 675

HOME NURSING — Section 25

The Staff of the Home Nursing Service in the Division at 31st December 1962 consisted of 21 full-time nurses and 2 employed part-time. With the exception of 1 State Enrolled Nurse who was employed on part-time duties, all the Staff are State Registered Nurses who have also received District Training approved by the Queen's Institute of District Nurses. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County Owned motor vehicles.

Instructions regarding treatment are sent directly by the family doctors to the Home Nurses; in effect the two are working as one team. This type of team work is desirable for all domiciliary nursing services and every effort is being made to build up a similar relationship with the family doctors and the District Midwives and Health Visitors.

Evidence of the high regard held for District Nurses by patients is seen each week in the Acknowledgement columns of the local newspaper.

A full range of modern nursing equipment is available for issue by the Home Nurse to facilitate her work and to improve the comfort of the patient. Mention was made in my report last year of the introduction of disposable syringes and needles. During 1962 the County Council authorised the supply of disposable bed pads and pants for incontinent patients. The issue of these items means much less laundry for the patients' relatives and saves the time of the Nurse: Arrangements were completed with the regional Hospital Board whereby laundry of incontinent patients can be cleaned at Wathwood Hospital.

The Home Nurses and Health Visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Madame Curie Fund. I am grateful for the help which we receive from these voluntary organisations. The total sum disbursed in the year was £250.

The following are statistics relating to the work of the Home Nurses in 1962. It will be seen that they made 54,796 visits to 1,858 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 34,704 occasions. 393 patients had more than 24 visits each during the year.

SUMMARY OF TOTAL NUMBER OF CASES DEALT WITH DURING THE YEAR

(i.e. Cases completed during year plus cases still under treatment on 31st December

Classification	No. of cases attended by Home Nurses during the year	No. of visits paid by Home Nurses during the year
Medical	1,339	43,595
Surgical	321	7,548
Infectious Diseases	11	157
Tuberculosis	26	2,092
Maternal complications	132	1,027
Others	29	377
TOTALS:	1,858	54,796
Patients included above who were aged 65 or over at the time of the first visit during the year Children included above who were under 5	913	34,704
years of age at the time of the first visit during the year	62	641
Patients included above who have had more than 24 visits during the year	393	33,094

Total number of staff weeks worked during year on home nursing 1,050

Of the total of 1,858 patients nursed during the year 1,403 cases were completed by the 31st December. The main categories of diseases for which these patients were treated included Respiratory diseases (i.e. Bronchitis, Pneumonia but not Tuberculosis) 171; Anaemias 153; Complications of pregnancy 125; Skin diseases (i.e. boils, carbuncles, etc.) 102; Constipation 90; Diseases of the heart and arteries 83. The treatment consisted of injections in 691 cases and general nursing in 372 cases. Antibiotics were administered by injection in 325 cases and drugs for anaemias accounted for 258 cases in which injections were given. 9,332 visits were made by Home Nurses for the sole purpose of giving injections.

In the Autumn a survey of the work performed by the Home Nurses in the Division over a period of 28 days was made. At the same time similar surveys were being conducted in the Harrogate and Horsforth Divisions.

HOME NURSE TRAINING SCHEME

The County now trains its own Home Nurses. Nurses who possess the S.R.N. qualification can only be accepted for temporary appointments. If they agree to undergo the approved course of training for the Queen's Institute of District Nurses they are seconded to another Division for a period of 3 or 4 months if they have had less than 18 months experience of Home Nursing. In our own Division, Mrs. Hucknall, Senior Nursing Sister, Rawmarsh, and Mrs. E. Brooks, Senior Nursing Sister, Thurnscoe, have been selected as Sisters in charge of Training. The Nurse under instruction remains under the supervision of one or other of these Senior Sisters for the whole of the period. Lectures are held at Wakefield and three weeks are spent at the Johnson Memorial Home, Sheffield. Mrs. W. Taylor, Area Nursing Officer, and Miss V. Dunford, Divisional Nursing Officer, supervise the overall

training programme. We have already trained 4 nurses in the Division under this scheme and all passed the examination conducted by an independent examiner of the Queen's Institute of District Nurses. Three of our own staff of Home Nurses have been similarly trained in other Divisions and passed the examination at the end of the training period. The fully trained Nurses attend Refresher Courses at regular intervals. Four attended such a course at Grantley Hall.

VACCINATION AND IMMUNISATION — Section 26

Smallpox Vaccination

No. of Persons Vaccinated or Re-Vaccinated during 1962:—

Age at 31/12/62 i.e. born in year	Under 1 1962	1—4 1958/61	5—14 1948/57	15 or over before 1948	Total
No. Vaccinated Dearne Conisbrough Mexborough Wath Swinton Rawmarsh	187 100 78 71 56 67	206 113 83 78 125 120	618 161 95 118 116 190	326 87 106 168 87 101	1337 461 362 435 384 478
Total	559	725	1298	875	3457
No.Re-vaccinated Dearne Conisborough Mexborough Wath Swinton Rawmarsh		4 — 1 — 1 4	31 10 39 13 20 17	264 35 108 103 70 94	299 45 148 116 91 115
Total		10	130	674	814

This disease in its major form kills one in three of those who develop the complaint. The disease will tend to be imported more commonly owing to air travel. Treatment is not effective in preventing death or disfigurement. The disease is prevented only by vaccination in infancy and re-vaccination in adult life.

DIPHTHERIA IMMUNISATION

Immunisations

Urban District		children pr		No. of children given booster doses during 1962
District	Under 5 yrs.	5—14 years	Total	
Conisbrough Dearne Mexborough Wath Swinton Rawmarsh	220 281 227 139 210 224	76 141 12 67 57 65	296 422 239 206 267 289	218 159 126 350 109 155
Total	1301	418	1719	1117

The immunisation rate in school children is excellent and well above the minimum safe level of 75%. If Diphtheria became prevalent it is the under fives who would be most involved. Children should be protected before they are a year old and there is need to increase the numbers immunised in the under 5 age group.

POLIOMYELITIS VACCINATION

Details at 31st December, 1962

	No. of pe pletely \ during	rsons com- /accinated g 1962	Total persons completely Vaccinated at 31/12/62		
	3 injections	4 injections	3 injections	4 injections	
Children born in years 1947 — 1962	4115	1423	26420	8228	
Young Persons	2054	-	10735		
TOTAL	6169	1423	37155	8228	

AMBULANCE SERVICE — Section 27

The Divisional Area is served by the County Ambulance Station at Dunford House, Wath-upon-Dearne. The Station Officer is Mr. F. Hyde, G.I.A.O., who has kindly supplied the statistics listed below. The Staff of 25 includes 16 male driver-attendants, 2 female driver-attendants, 5 shift leaders and 2 Clerk/Telephonists.

No. of patients conveyed 32,740

No. of journeys 5,727

Total mileage 1-1-62 to 31-12-62) ... 175,161

The six vehicles stationed at Wath are all equipped with short wave radio communication sets. Two vehicles were replaced during the year. The Station Superintendent attended a two day course at Leeds Infirmary on advanced first-aid, covering emergency resuscitation, emergency midwifery, and emergency treatment of the unconscious casualty suffering from brain injury. The instruction covered mouth to mouth breathing and cardiac massage. The Divisional Medical Officer also attended a demonstration at the Leeds General Infirmary arranged by the Surgeon in charge of the Casualty Department. These lectures were followed by instruction to all members of the Ambulance Staff by Dr. J. Hall, Deputy Medical Officer of Health and were accompanied by films on Mouth to Mouth Breathing and Emergency Child Birth by the Divisional Nursing Officer Miss V. Dunford.

The Ambulance Depot is completely modern and has its own inspection pit and maintenance department. Major repairs are referred to County Ambulance Headquarters, Birkenshaw, Bradford.

The Ambulance Depot telephone number is Wath-upon-Dearne 2234/5 night and day, and any person can order an ambulance for any accident or emergency childbirth where it is apparent that emergency hospital treatment is required. All members of the service hold a valid certificate of the St. John Ambulance Association.

PREVENTION OF ILLNESS

—CARE AND AFTER CARE — Section 28

Nursing Equipment in the Home:

1,643 issues of various forms of nursing equipment were made in 1962. These items ranged from Feeding Cups and Walking Sticks to Hospital Beds and Hydraulic Hoists.

Each Home Nurse keeps a stock of smaller items of equipment and the larger items are stored with a reserve supply of minor items at Wath-upon-Dearne and Mexborough. A Monthly Return of available equipment is sent to Central Office at Wakefield so that transfers can be readily effected between Divisional Areas as the occasion demands.

Every use is made of disposable items of equipment such as bed pads and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis Alarms are made available for use with children who are habitual bed-wetters, on the recommendations of the Child Health Specialists and other Medical Officers. 18 Alarms were available at the end of December 1962 and they had been issuel 57 times in all.

Hospital After-care:

2 Health Visitors in the Division visit the Montagu Hospital, Mexborough, Fullerton Hospital, Denaby Main and the Wathwood Hospital, Wath-upon-Dearne, each week for the purpose of liaison duties. The Hospitals at Mexborough and Denaby Main provide for all categories of patients, whilst Wathwood Hospital is primarily for Chest cases. More recently direct liaison has been established in the person of the Divisional Nursing Officer with the Moorgate General Hospital, Rotherham.

The following is a Summary of the work performed by the Health Visitor at the Wathwood Hospital during the year 1962:—

Number	of	visits	to	Hospital	• • •	• • •	 	47
Number	of	interv	iev	vs in Hospita	al		 	242

Number of home visits	5
Number of investigations of home conditions	219
Number of cases for supervision by Health	<i>52</i>
Visitor on discharge	53
Number of Home Nurses arranged for patients	
on discharge	Nil
Number of Home Helps arranged for patients on	
discharge	4
Number of cases for which Convalescent Home	
Treatment arranged	Nil
Number of cases for special environment	
investigations	3

The Health Visitor, Mrs. M. Jenkinson, reports as follows:—

"The trend of work has altered at Wathwood Hospital. 35 beds have been closed during the year so that structural alterations may be carried out. Even so there have been more admissions. There have not been many 'long stay' patients, but more non-tubercular chests in for a short stay for investigation—bronchioscopy, etc.

CASES OF INTEREST

Male patient aged 51 years—Non-tubercular chest

When this patient, a bachelor, was ready for discharge his landlady could not take him back because of her own ill health. I rang the Welfare Officer at his place of employment and was given a list of addresses. On discharge the patient went to other lodging.

Female patient aged 81 years—Acute bronchitis

Admitted as an emergency, also very deaf. Neighbours came with her and left her house key with the ward staff. In April, a son came to the hospital and was very objectionable to the staff—he took his mother's house key after signing for it. In July the ward staff told me that the patient had no visitors at all and no money. The other patients were buying

her personal requirements, she had no letters either. I went to see the patient again and she told me that her son, after obtaining the key, had gone into her house and taken her pension book, rent book, and bank book. She said all the money she had had was 10/- on two occasions, one in April when her son took the key, and the other in a letter dated 29th June. He had not been to see her since he had taken the key, and told her he would pay the rent. I rang the Ministry of Pensions and National Insurance Office—they said they didn't even know that the patient had a pension book but they would look into the matter. A fortnight later I rang again, saying that the patient still had no money. Shortly after this the Hospital had a letter saying that the son had drawn the money and promised to pay back all that he had drawn. He came to see his mother and she signed for him to continue drawing her pension. He then promised that if his mother was discharged from the hospital and had a Home Help, he and his wife would go over to see her and keep an eye on her. The patient was discharged but in a very short time she was re-admitted because it was too much for them to go over regularly to see her. They have a car. She does now receive letters and is not without money.

Female patient aged 49 years—Pulmonary Tuberculosis

This patient is divorced but receives no maintenance. She had been working as a housekeeper and her 15 year old daughter was living with her. The daughter is a weaver and had gone into lodgings whilst her mother was in hospital. The patient had been in Wathwood Hospital on a previous occasion, in March 1960. As she was very upset about her financial position I rang the National Assistance Board and they told me that as long as the patient was in hospital her rent would be paid and she would have a National Assistance grant of 16s. 6d. per week. I was able to tell her this right away.

Female patient aged 19 years—Pulmonary Tuberculosis

This patient had previously had a T.B. kidney removed in Doncaster Royal Infirmary. Her husband is a miner and she had an eight month old baby. The family had been from one lodging to another. Neither the patient's family nor her husband's family were at all helpful. They were on the housing list. This matter was discussed with the Medical Officer of Health, who was successful in his application for the re-housing of this patient on her discharge from hospital.

Male patient—Non-tubercular chest

When this patient was almost ready for discharge I contacted the Health Visitor who arranged for the house to be aired and a Home Help to attend, as he lives alone.

Male patient aged 26—Bronchial asthma

Admitted from the fair at Chapeltown. The ward sister was very concerned because she had given the patient a 'sick note' and he had not sent it in to the Insurance Office, and yet he was obviously short of money. He told me that he had been in Leeds General Infirmary from the 13th to 29th September and the Almoner there had obtained money for him from the National Assistance Board. I told him he must still send his 'sick note' to the Insurance Office to be credited with stamps. He then told me he was out of benefit because he had served a prison sentence for assault, and his parents wanted nothing to do with him.

I rang the National Assistance Board and they said they would deal with him, and give him a grant whilst in hospital. When he was ready for discharge from the hospital I rang the National Assistance Board from the hospital and it was arranged that the patient should go down from the hospital at 10 a.m. the next morning to collect a travel voucher for Grimsby, to travel the day after.

Before he left the hospital he went round the ward collecting money from the men for items they wished to be brought in. He did not return, nor did he return the money. The police were notified. He had not gone to Grimsby. He was picked up a few days later in a hospital at Halifax—bronchial asthma. He served another prison sentence.

General

Liaison exists with the hospitals in neighbouring areas, through liaison Health Visitors in other divisions and through almoners of the hospital concerned.

Health Visitors provide background reports of patients admitted to hospital and special reports are submitted in respect of all patients awaiting admission to the Geriatric Units at Moorgate General Hospital, Rotherham, and Montagu Hospital, Mexborough.

After-care is given in many cases on discharge.

TUBERCULOSIS AFTER-CARE

59 Patients were receiving extra nourishment grants, is the way of 2 free pints of milk daily, at the end of 1962. 33 grants were made during the year and 29 discontinued. All applications which are initiated by the Health Visitor are checked and counter-signed by the Consultant Chest Physician and are reviewed every two months.

In addition to the liaison established at the Wathwood Hospital where 242 patients were interviewed during the year, a Health Visitor has been specially delegated to attend the Chest Clinic at Mexborough each week to discuss with the Consultant Chest Physician, Dr. J. D. Stevens, any special problems relating to the care of patients and follow-up of contacts. The Division is also served by the Chest Clinic at Rotherham where Dr. A. C. Morrison is Consultant Chest Physician.

All school entrants where parents have given written consent are jelly tested, as are all children who appear not to be in very good health. 1,304 children were tested in 1962, 6 of whom had a positive reaction. These were referred to the Chest Clinic for further investigation and the family doctor is kept informed.

Health Visitors continue to render background reports and lists of contacts in respect of all notified cases. An average of 6 contacts for every notified case is checked.

B.C.G. Vaccination of school children has also continued and 1,264 were vaccinated during 1962 following negative Heaf test. 48 children from Mexborough Grammar

School with strongly positive tuberculin tests were referred to the Chest Physician. Happily no cases of Tuberculosis were discovered in either the children or their contacts. Of the 48 children, 15 had a definite history of contact with a case of Tuberculosis in the past.

Applications for the provision of personal clothing for patients are submitted to the Care Committees at either Doncaster or Rotherham, and these are usually favourably received.

All the District Councils in the Health Division allow priority of housing on the recommendation of the Medical Officer of Health for active proved cases of Pulmonary Tuberculosis where the Medical Officer of Health considers that their present housing accommodation is inadequate or where there is overcrowding, or where the house is situated in areas of gross atmospheric pollution.

The South Yorkshire Mass Radiography Unit visited 5 locations in the Divisional area during 1962 and in all, 6,517 people were X-rayed. 2 cases of active Pulmonary Tuberculosis were discovered and 71 inactive cases. Other non-tuberculosis abnormalities discovered are classified as follows:—

Abnormalities of the Bony Thorax and Soft	
Tissues—Congenital	10
Abnormalities of the Bony Thorax and Soft	
Tissues—Acquired	7
Bacterial and virus infections of the lungs	12
Bronchiectasis	10
Emphysema	10
Pulmonary fibrosis—non-tuberculous	26
Pneumoconiosis—not previously certified	95
Pneumoconiosis—previously certified	18
Benign tumours of the lungs and mediastinum	2
Carcinoma of the lung and mediastinum	3
Pleural thickening or calcification — non-	
tuberculous	22
Abnormalities of the diaphragm and oesophagus;	
congenital and acquired	4
Congenital abnormalities of heart and vessels	2
Acquired abnormalities of heart and vessels	32

CHIROPODY

2,689 patients were receiving Chiropody treatment through the nine Voluntary Agencies operating a service throughout the Divisional area. A little over 25% of the cases were unable through infirmity, old age or physical handicap, to attend the centres for treatment.

It is estimated that there are 10,300 residents aged 65 and over in the area, so our figures indicate that 25% of all pensioners are receiving the service. When the scheme was introduced in 1960, estimates were based on a 15% acceptance rate. All cases referred for treatment are subject to the approval of the Medical Officer of Health before treatment can commence. Although the Chiropodists' Fees are paid by the Voluntary Associations, the amount is re-imbursed by the County Council on submission of certified claims.

The following is a Summary of treatments carried out in 1962:—

111 1702	B	N.T. (2.70		(
Voluntary	Total	No. of	No. of Patients treated			
Association	Sessions	Domi- ciliary	Non- Domi- ciliary	Total	No. of atten- dances	
Bolton-on-Dearne O.A.P. Association	30	15	68	83	328	
Conisbrough & Denaby Main O.A.P. Welfare Committee	123	85	280	365	1452	
Goldthorpe O.A.P. Association	46	52	103	155	592	
Mexborough Old Folk's Welfare Committee	211	131	478	609	2406	
Swinton Aged Peoples Welfare Committee	159	106	255	361	1917	
Rawmarsh Aged Peoples Welfare Committee	176	125	358	483	2117	
Thurnscoe O.A.P. Association	31	18	69	87	353	
Thurnscoe W.V.S	47	45	115	160	619	
Wath-on-Dearne Aged Peoples Welfare Com'tee	141	119	267	386	1684	
Total	964	696	1993	2689	11468	

I would like to express my thanks to the officials of the Voluntary Associations and the Chiropodists for their services.

HEALTH EDUCATION

Mothercraft—Public Health teaching

A regular programme of mothercraft teaching and talks on public health work has been carried on in seven of our ten Senior Modern Schools. The Health Visitors teach basically to the same syllabus and are thus able to interchange schools in case of illness or holidays, so providing continuity.

Each Health Visitor spends approximately one half day each week in Secondary Modern Schools lecturing mainly to school leavers, but this teaching could be extended to all pupils if time permitted.

Heads of the other three schools would like the Health Visitors to visit their schools but owing to the shortage of Health Visitors in this area we cannot, for the time being, start any more projects.

Occasionally, Health Visitors have gone into Junior Schools to talk to all children on personal hygiene but this again is limited by the time available.

After hearing about so many young people and families taking camping holidays, one Health Visitor visited a camp to give campers a talk on Food Hygiene and Personal Hygiene in the camp.

Home Safety

Rawmarsh, Conisbrough and Wath-on-Dearne Urban District Councils held full scale Home Safety programmes during which Health Visitors visited all schools in the areas and during their spare time talked to Mother's Meetings and Aged People.

The Divisional Medical Officer or Divisional Nursing Officer attend Home Safety Meetings in the area.

Smoking and Lung Cancer

Students at the Day Training College, Swinton, are particularly interested in this subject and have had lively discussions.

Films and literature have been supplied to them by the Divisional Medical Officer.

All pupils at the Swinton Comprehensive School have seen the film 'Time Pulls a Trigger.'

Letters on the subject have been sent to parents of scholars at Secondary Modern Schools throughout this area.

Ante-natal Clinics and Child Welfare Clinics

Health Education is carried out as a matter of routine at all our Clinics.

To support our Health Education activities we have at our disposal two film strip projectors, a 16 m.m. sound film projector, three types of screens and six flannelgraphs. Films are loaned from our own County Film Library and national distributors as required.

	DOMESTIC HELP SERVICE	E — Section	29				
Esta	Establishment of Domestic Helps 79						
	mber of Domestic Helps employ 1-12-62 (equiv		•				
	Groups receiving assistance:—						
		No. of Cases	Hours				
1.	Maternity (including expectant mothers)	114	9,087				
2.	Tuberculosis	3	196				
3.	Chronic Sick						
	(a) aged 65 plus (b) aged 65	1,108 81	159,864 10,096				
4.	Others	50	4,043				
	Totals	1,356	183,286				

The provision of Domestic Help is usually based on a Medical Certificate from the Family Doctor and may be provided where some person is ill, aged, mentally defective or to care for young children where the mother may have been admitted to hospital or otherwise ill. The service is also provided when required for expectant mothers before, during and after confinement.

The Home Help Service is not a free service, each applicant is required to complete a form giving details of their financial circumstances and the charge is assessed after consideration of these details. Persons in receipt of a Supplementary Pension from the National Assistance Board are not charged.

In exceptional circumstances and where this is authorised by the Dvisional Medical Officer and the County Medical Officer a 24-hour service can be provided.

MENTAL HEALTH SERVICE

1. Subnormal or Severely Subnormal

- '	out the second s	
	Divi	sion No. 26
	Number under Care and Guidance	191
	Number of new Ascertainments	34
	Number attending Training Centre	101
2.	Mentally Ill	
	Number discharged from Psychiatric Hospital	144
	Number requiring After-care	135
	Number of visits involved for After-care, and patients referred from Out-patient Clinics	751
	Number of cases referred to Out-patient	96
	Psychiatric Clinics	90
	Number referred to Rehabilitation Centres	7

There is excellent co-operation with the medical superintendent and the staff at Middlewood Hospital, Sheffield. Mental Welfare Officers may visit in-patients in the hospital, or discuss any case with the psychiatrist at the hospital. The number of requests from the hospital for after-care during 1962 was 136.

A liaison committee has been formed and meetings are held each month. Cases discussed are those presenting special difficulty.

A Mental Health Exhibition was held during two days in October, 1962, at the Child Welfare Centre, Goldthorpe. The programme included talks by consultant psychiatrists and social workers, films, "Brains Trusts" etc.

There was an exhibition and sale of articles made by patients at the Middlewood Hospital, Sheffield. Also included in the programme was an exhibition of handicrafts made by trainees of the County Training Centre, Wath-upon-Dearne, which was open to the public during the two days of this Mental Health Exhibition.

Out-Patient Clinics

Psychiatric out-patients at the Barnsley Beckett Hospital and the Doncaster Royal Infirmary are attended by mental welfare officers, Mrs. F. H. Redman and Mrs. M. K. Page respectively. The consultant psychiatrist is Dr. M. Jeffrey.

All new patients at these clinics are interviewed first by the mental welfare officer before being seen by the consultant psychiatrist. A full social history is obtained from each patient. There is an average of 320 new patients seen at each clinic during the year. Follow-up visits are made to patients in their own homes at the request of the consultant. Domiciliary visits with the psychiatrist, to take social histories, are also made. The number of patients seen in their own homes has increased greatly during the past year.

After-care Club, Rock House, Swinton.

The first meeting was held on the 24th August, 1961, and was attended by six people. Attendances have increased steadily and the average attendance is now twenty.

With the advent of the new workshops, the adult section were able to commence sub-contract work, and this includes stick splitting, drawing boards, blackboards, dolls cots, fibre pots, and Kraft paper sugar bags, bean bags, blackout curtains for schools and canteens, and feather flicks. It is hoped to increase the sub-contract work during the coming year.

The adult male trainees help to maintain the Training Centre grounds, and also help to cultivate a plot of ground.

The adult females are responsible for the Centre laundry, and an electric washing machine was obtained during the year for this purpose.

At the Mental Health Exhibition held at Goldthorpe, a display of work was presented for public inspection.

There is a flourishing parent teacher association and bi-monthly social evenings are greatly enjoyed by parents, friends, teachers, and adult trainees. Members of the teaching staff have attended refresher courses at Grantley Hall, and particular interest has been in art.

When the junior trainees are on holiday and the school meals service is not in operation, meals for the adult trainees are provided by a local contractor and this arrangement works admirably.

Three special coaches convey the trainees to and from the Centre daily, and despite weather difficulties, no undue hazards have been experienced.

SCHOOL HEALTH SERVICE

The duties of the School Health Service have been maintained during 1962. The general health of all the school children remains at the high level of the post-war years.

The problems of over-nutrition and obesity continued to present itself to School Medical Officers—a problem for which there is no easy remedy. The suggested raising of the calorific value of school dinners by some authorities will not alleviate the position. No medical objection could be raised to the raising of the protein content only.

An important innovation during the year has been the acquisition of a pure tone audiometer. This machine transmits a series of 'pure tones' at known frequencies and intensities to ear phones. The responses of the subject are graphed and reveal the pattern and degree of loss of hearing. The audiometer will be used routinely to test the hearing of all school children in the division at the age of six, any other children who are suspected of deafness and those children who may be 'at risk', e.g. those whose mothers contracted an illness during pregnancy. The machine will be operated by specially selected and trained health visitors and the results after only a short period of use are encouraging.

The Division is fortunate in having the services of a Consultant Paediatrician, Dr. C. C. Harvey, a Consultant Psychiatrist—Dr. J. D. Orme and a Consultant Opthalmic Surgeon Miss Mary Jones and Dr. S. K. Bannerjee, Opthalmologist, to whom cases of difficulty are referred.

Drs. Barbara Demaine, Mary Menzies and J. D. Hall are responsible for the ascertainment of pupils requiring special educational treatment and Dr. S. K. Pande has performed many of the routine medical inspections and immunisations and vaccinations of the department. I am grateful also for the invaluable work and assistance of the Divisional Nursing Officer, Miss V. Dunford, and all the Health Visitors and School Nurses who have worked so assiduously. My acknowledgements are also due to Drs. P. L. and B. R. Baker for their help during the year.

VITAL STATISTICS

Table I

Inspections	of	School	Children	1962
-------------	----	--------	----------	------

Entrants	2,148
First Year Secondary	2,074
Last Year Secondary	1,791
	-
Tota	1 6,013
	2.620
No. of Special Inspections	2 <u>,</u> 639
No. of Re-Inspections	235
Total	1 2,874
Total Inspection	s 8,887

Physical Condition of Pupils Inspected:

Satisfactory	• • •	• • •	• • •	• • •	• • •	• • •	99.3%
Found to Req	uire	Trea	atme	nt	• • •		7.3%

The percentage requiring treatment is lower than the national average, and shows a reduction on the previous year.

The percentage of pupils found to be satisfactory on examination remains high, and is an indication of the good nutritional state of the country as a whole.

Table II

Cleanliness and Head Infestation

Total No. examinations made for this	3
purpose	16,830
Total No. found infested	. 637
Total percentage found infested	. 3.8%
(England and Wales 1.5%; West Rid	ling 2%)

The present level of louse infestation remains low and is an indication of a reservoir of infection, which unless efforts at total eradication are continued, could lead to an increase at any time.

Table III

Care of Handicapped Children

76
2
13
2
3
6
8
1
2
13

The ascertainment of the handicapped child is a co-operative effort by schools, school health services and family doctors.

The largest category is always that of the educationally subnormal and the commonest cause of physical handicapping is cerebral palsy.

Table IV

Tuberculin Jelly Testing School Entrants

No. Tested	• • •	• • •			 	1,802
No. Positive		• • •	• • •	• • •	 • • •	6
No. Negative				• • •	 • • •	1,796

The test is a simple and quick patch one applied to all school entrants. The presence of a positive result denotes a naturally acquired infection with tuberculosis, usually to a mild degree. Although the child is not usually ill and requires no treatment, it is a helpful procedure in tracing infectious cases of tuberculosis.

Table V

Tuble v	
B.C.G. Vaccination 13 years and older School	l Children
No. of children offered testing and	
vaccination if necessary	
No. of acceptances	-
Percentage of acceptances	
Pre-vaccination Tuberculin Test:	
No. Tested	1,753
Result of Test:	
No. Positive	414
No. Negative	1,272
No. not ascertained	67
Percent positive	24%

The percentage of 13 year old school children who by virtue of a negative skin test show non-infection by tuberculosis is at the expected level for the country as a whole. Parental acceptance of the necessity for B.C.G. testing and vaccination is now improving.

1,264

Vaccination and Immunisation

No. vaccinated

Full statistical details are given in the remainder of the Annual Report. Immunisation against Diphtheria and Tetanus was offered to all school children in the infants and junior schools. The parental response has been fairly satisfactory and is at the national level. 100% response remains however the aim. Oral vaccine against Poliomyelitis is now used throughout the division and refusal to accept vaccination is correspondingly lower.

HOSPITAL SERVICES

The Hospital Services for the area are administered by the Rotherham and Mexborough Hospital Management Committee and the Barnsley Hospital Management Committee on behalf of the Sheffield Regional Hospital Board.

General Hospital Services are provided mainly by the Montagu Hospital, Mexborough; Moorgate General Hospital, Rotherham; and the Beckett Hospital, Barnsley.

Infectious Diseases Hospitals include Kendray Isolation Hospital, Barnsley; Tickhill Road, Hospital, Doncaster, and Lodge Moor Hospital, Sheffield.

Maternity Units are available at the Montagu Hospital, Mexborough; Moorgate General Hospital, Rotherham; St. Helen Hospital, Barnsley, and Listerdale Maternity, Home, Wickersley.

Chest Clinics

The area is served by two Chest Clinics, one being at 'Whateley House,' Cemetery Road, Mexborough (Consultant Chest Physician Dr. J. D. Stevens) and the second is at 'Chatham House', Chatham Street, Rotherham, where Dr. A. C. Morrison is Consultant Chest Physician.

Problem Families

Meetings are held of a Committee formed for the correlation of information relating to children neglected or ill-treated in their own home. The Medical Officer of Health is the designated Officer and the following Departments and Organisations are represented on the Committee:—

The Public Health Department by Medical Officers, Health Visitors, Mental Health Social Workers and Public Health Inspectors.

The Education Department by the Divisional Education Officer and School Welfare Officers.

Other Representatives come from the District Councils' Housing Departments; N.S.P.C.C.; Welfare Division; National Assistance Board.

The information available from all these sources is correlated at the meeting and decisions taken by the Committee as to the best method of assisting these families and improving their circumstances.

The County Council operate a scheme of rent guarantee to safeguard the interests of District Councils in selected cases where there was a danger of the families being evicted, broken up and the children being taken into care.

SECTION "C"

Sections "C", "D" and "E" of this Report have been compiled by Mr. E. Fuller, Public Health Inspector.

GENERAL SANITARY WORK

It is estimated that the February gales caused damage to 600 houses (excluding council houses). In the majority of cases, owners and builders responded very well and in only two cases was formal action necessary to secure repair. One house was repaired by the council on a rechargeable basis on behalf of its owner/occupier, but emergency arrangements for the sheeting of roofs could not be put into operation due to the transfer of labour to adjoining districts. Careful appraisal of procedure and of the damage to private property prior to arranging for work to be done, avoided the Council being involved in difficult recovery of costs incurred, yet reduced hardship to a minimum. The comparatively small number of private houses seriously damaged is undoubtedly due to the demolition of 260 substandard houses over the past 12 years and not to any geographical feature tending to reduce the effect of the gale.

The greatest damage occurred to 15 houses in Hooton Road, Kilnhurst, (included on the current slum clearance programme), which, by agreement with the owners were demolished, following rehousing of the tenants.

Summary of Visits.

Nuisances and repairs	• • •	• • •	208
Miscellaneous Housing visits	• • •	• • •	131
Interviews (other than housing)	• • •	• • •	267
Interviews (housing matters only)	• • •	• • •	563
Miscellaneous sanitary visits	• • •	• • •	699
House lettings visits	• • •	• • •	256
Infectious diseases	• • •	• • •	4
Licensed premises	•••	• • •	5
Drain tests (new drains)	• • •	• • •	38

Smoke observation	ns .	• • • • •	• • •	• • •	22
Factories—sanita	ry accom	modation	• • •	• • •	76
Food premises (a	11) .	• • • • • • •	• • •		106
Overcrowding	• • •	• • • • • •	• • •		5
Improvement gra	nt .	••	• • •		76
Rats and mice	• • • •	••	• • •	• • •	206
Tents, vans and s	sheds .	••	• • •	• • •	30
Piggeries	• • • • • • • • • • • • • • • • • • • •	• • • •	• • •		1
Verminous premi	ses .		• • •	• • •	9
Cinema	• • •	• • • • • • • • • • • • • • • • • • • •		• • •	1
Hairdressers	• • •	• • • • •		• • •	2
Standard improvement	grants:				
Applications rece	ived duri:	ng the ye	ar		28
Owner-occupiers	• • •		• • •		24
Tenanted propert	ties		•••		4
Completed during		ar	• • •	• • •	16
Nuisances					
Truisances	Out-		<u> </u>		ut-
NI ations for Albertament	standing	Issued	Abated	stan	ding
Notices for Abatement	at 31/21/61	in 1962	in 1962	31/1	it 2/62
Informal	18	78	74	1	3
Statutory	1	8	9	_	
Number of cases	s in whi	ch legal	proceeding	ngs	N Y . 1
	1 1:00 1		• • •	1	Nil
Have any special in dealing with			•		No
in dealing with	any part	realar mar	sairee .	• • •	110
Drainage and Sewerage					
Number of houses	s connect	ed to sew	rers	4	1,578
Number of house		Í	PRIVA	ГЕ	
drainage					6 9
Number of house	s with ur	isatistacto	ory draina	ige	9

Sanitary Accommodation

Number of houses provided with water closets	4,584
Number of houses provided with waste water or trough closets	SEE CONTRACTOR OF THE PARTY OF
Number of houses provided with earth or pail closets	8
Number of houses provided with chemical closets	1
Number of earth closets, etc., converted to water closets	quantities
Number of houses served with earth closets, etc., due to lack of sewer or water facilities	9
Any special action taken secure conversion of earth closets etc	SAR Secret Area
Action taken under Agriculture (Safety, Health and Welfare Provision) Act, 1956	

Common Lodging House

There are no common lodging houses in the area and the only house-let-in-lodgings is satisfactory.

Drainage work and Improvement Grants

In spite of improved training of apprentices, constant attention had to be paid to new work to ensure acceptable standards, too many details are ignored and it is the practice to visit an alteration and explain the required details before commencement, or whilst the work is in progress.

28 standard grant applications were dealt with and advice on layouts were given on all occasions. There are many houses in Swinton which could make excellent housing units if modern amenities were provided and repairs carried out. There is room in an area for the house with two living rooms, a bathroom, one double and one single bedroom. Many terraced houses can be so converted.

Four privies at Kilnhurst were discontinued during the year following the demolition of the property. Only 15 properties are not now connected to the sewerage system; 6 of these have adequate cesspools, 1 a chemical closet and 8, pails or privies. Action to secure the conversion of two of these latter was pending at the year end and a further four may be included in slum clearance or improvement proposals.

Offensive trades

No such trades are registered in Swinton, but the Maggot Factory is kept under constant supervision. No nuisance arose during the year and no extensions were built. The Ultra Violet de-odourising system continued to give every satisfaction and the incinerator operated properly and without nuisance.

Piggeries

No alteration occurred during the year and no nuisance arose. Three keepers are recorded.

Factories

28 factories are recorded. Attention was paid to the dirtier processes and the general level of cleanliness continued satisfactory. Problems of careless employees in the dirtier industries are not easily overcome but modern cleansers and paints are of considerable assistance. Provision of water closets at a scrap yard was pending at the year end.

Canal Boats

6 boats were inspected during the year and these were satisfactory. 12 boats are registered.

Infectious Diseases

3 infectious diseases were dealt with during the year and four visits were made.

Moveable dwellings

The caravan of the civil Engineering Contractor referred to last year was removed during the year but problems again rose from unauthorised siting of vans on "waste"

ground, particularly slum clearance sites. Difficulties of dealing with these people are often considerable and on four occasions, police assistance was requested and given. At the year end, one van was illegally sited in the area and action against the site owner was pending. Only one horse drawn gypsy caravan was involved, the remainder were good class trailer vans, none of which belonged to travelling showmen.

Hairdressers

No change in registered numbers occurred during the year.

Swimming Baths and Bathing Pools

There are no Swimming Baths nor Bathing Pools in the district.

Water Supply

No major supply problems arose during the year but complaints of poor pressure due to deposits in the service pipes are still being received. Sheffield Corporation (the water supplier) is prepared to cleanse services at the concessionary rate even though the time limit for this service expired several years ago, and apart from difficulties involving shared services has dealt with the complaints received without trouble.

Pumping problems resulted in loss of pressure and occasionally, absence of supply, in the higher area of the district affecting about 90 houses but by the year end the supply in this area was satisfactory. All 53 water samples were satisfactory.

The bore hole supply to a factory was found to be satisfactory, being sampled on 12 occasions.

Public supplies:—

Nature/Origin of supply	Number of dwellings supplied
Upland Surface water.	4,593 Total 4,593
	of supply Upland Surface

Number of dwelling houses on public supplies	4,593
Number of houses not supplied from public mains, but having a satisfactory PRIVATE AND PIPED	
supply	
Give details of :	
(i) Any insufficiency of supply	
(ii) Any unsatisfactory supply	
(iii) Any improvement of supply	
(a) effected	
(b) still required	
(iv) Any extension of supply	
(a) effected	
(b) still required	

Number of samples examined:

	Che Sat.	emical Unsat.		Solvency Unsat.		riological Unsat.
Public Supply	53	*****	53	_	53	_
Private supply	12		12	_	12	
Total	65		65	—	65	AP

Clean Air

Much was written and said about the desirability of clean air during the year, a smoke control programme was approved, an area of over 1,000 houses was surveyed, costs were found to be acceptable, the problem of concessionary coal was settled and assurrances, both written and verbal on the availability of smokeless fuel were received from the National Coal Board.

In fact, no problems were settled at all, they reappeared in their original forms in December when the Council referred back the first smoke control order as recommended by the Health Committee.

It seems that the only way in which some areas will attain clean air is by Government directive.

The Progress of Clean Air Deliberations

- 1959, March—A report on some aspects of the clean air act was submitted to the Health Committee and deferred until the problem of Concessionary coal was settled.
- April, May and July—Smoke control areas and the problem of concessionary coal were discussed.
- 1960, January and February—Smoke control areas and the problem of concessionary coal were again discussed without any progress on the implementation of the clean air act.
- November—Atmospheric pollution was discussed and a comprehensive report on the implications of the clean air act was requested by the Health Committee.
- 1961, January—The report was submitted, considered and deferred. A film show on clean air problems was also given and visits made to a "smokeless" estate in Sheffield by courtesy of the East Midlands Gas Board.
- February—Consideration of the above report was again deferred.
- March—The report was considered and accepted for implementation following agreement on the problem of concessionary coal.
- May—The problem of Smoke Control Areas and Concessionary Coal was again discussed.
- 1962, February—In view of the agreement on concessionary coal, the proposals contained in the report of January, 1961 were accepted as the smoke control policy and I was instructed to prepare the first smoke control area.
- April—Survey in progress.
- May—Practical aspects of conversions were considered and details accepted.

October—Smoke control area survey completed, all documents for the making of Smoke Control Order were available. Smoke Control Area No. 1 considered and accepted on practical and financial grounds subject to assurances on the availability of open fire solid smokeless fuel for miners in lieu of concessionary coal.

November—Written assurance received from the National Coal Board that open fire solid smokeless fuel was, and would be, in sufficient supply (i.e. warmco and similar).

December—Health Committee interview National Coal Board representative to further satisfy itself that there would be sufficient supplies of open fire solid smokeless fuel in lieu of concessionary coal. On this assurance being received, the committee recommended the creation of No. Smoke Control Area which was not accepted by the Council and was referred back to the Health Committee.

Pollution figures and the daily wind direction charts show that in No. Smoke control area as proposed, no industrial pollution occurs. The time has come when the air should be clean. The prevailing wind drives a large part of the smoke from proposed area number 1 over the central built up area (proposed smoke control areas numbers 2 and 3) which is also virtually unaffected by industrial pollution. There is no excuse for dirty air due to domestic pollution when houses can be heated better and cheaper with modern appliances burning smokeless fuels than they can with coal. Room heating by the raw coal open fire can only be described as primitive. Whilst radient heat may be adequate, room air temperature seldom reaches 60° Fahrenheit.

Meetings with adjoining local authorities were held during the year and on one occasion, National Coal Board representatives and the Alkali Inspector were met and the problem of Manvers coking plant discussed. Swinton is in an extremely fortunate position, very seldom does pollution from Manvers drift towards this area. The main sources of visible pollution are the pushing of insufficiently carbonised

ovens and recently, the emission of dark smoke from the oven furnace chimneys. The plant should operate with less nuisance than at present and constant attention should be paid to this problem.

Smoke nuisances occasionally were observed from a chimney serving a single Lancashire boiler with sprinkler stoker and no improvement was noted. The main problem seems to be inefficient operation of the stoker and action was pending at the year end. Other steam raising plant in the area is oil fired or equipped with coking stokers, with the exception of one sprinkler stoker sharing a chimney of a reheating furnace (coal fired with gas after burner). These are all economic boilers and apart from two cases of break down no nuisance was observed.

Problems of pollution due to the burning out of the producer gas system of a Seimen's Open Hearth furnace were dealt with by the Alkali Inspector who secured abatement of the nuisance and who continues to closely follow developments at the same premises on the possible use of oil firing and oxygen lancing, the latter being a potential source of nuisance. Frequent visits are made to this office and his willing co-operation is warmly appreciated.

Pollution from the Motive Power Depot of British Railways continues to be excessive but it is understood that dieselisation is not far distant. This problem is one of a multitude of engine chimneys emitting a considerable volume of low density smoke in fire lighting. Several coal fired shunting engines operate in some of the steelworks and at times cause gross pollution, detection is difficult but all are scheduled for replacement by diesels.

The only foundry cupola operates without nuisance and even with increased output it seems reasonable to anticipate a reduction in industrial pollution in this area, as techniques improve and new plant is installed.

A considerable nuisance from the low level prefab. chimneys was eliminated by the removal of the buildings.

ATMOSPHERIC POLLUTION RECORDS, 1962

Dec.		3.35	2.66	3.53	3.69	4.17	3.44			12.37	18.32	Record
Nov.		2.87	2.97	3.48	3.94	4.55	3.20			13.52	23.59	24.31
Oct.		1.86	1.97	1.99	2.11	2.92	2.11			12.74	37.86	27.11
Sept.		1.49	1.61	1.69	1.64	2.48	1.79			12.71	61.35	29.68
Aug.		1.03	1.34	1.42	1.15	1.31	1.67			12.87	52.29	25.51
July		1.11	1.43	1.64	1.36	1.79	No Record			10.17	47.96	20.28
June		1.03	1.13	1.17	1.10	No Record	1.24			11.22	45.24	22.14
May		1.24	1.67	1.36	1.58	1.86	1.55			16.52	67.72	38.19
April		1.44	1.69	2.35	1.76	5.09	1.87			16.86	46.88	25.68
March		1.47	2.39	2.03	2.94	2.98	2.70			No Record	No Record	No Record
Feb.		2.46	1.49	1.85	1.88	1.67	3.28			No Record	No Record	No Record
Jan.		3.25	3.68	3.36	3.48	4.43	3.86			44.54	100.05	No Record
Station	Sulphur (Lead Peroxide Method)	No. 1 Warren Vale	No. 2 Swinton Bridge	No. 3 Kilnhurst	No. 4 Council Offices	No. 5 Bowbroom	No. 6 Highthorne	Client Carolina Carol	Deposit (1011s per square 11111e)	No. 1 Warren Vale	No. 2 Swinton Bridge	No. 3 Kilnhurst

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

	Number		Number of	
Premises	Register	Inspec- tions	Written notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by the				
local authorities (ii) Factories not included in (i) in which Section 7 is enforced by the local			_	
authority (iii) Other Premises in which Section 7 is enforced by the local	28	76		_
authority				—
Total	28	76		

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

	Numbe	Number of cases in which defects were found					
Particulars	Found	Re- medied	to H.M.	Referred by H.M.	were		
(1)	(2)	(3)	(4)	Inspector (5)	instituted (6)		
Want of cleanliness (S.1)	3	3		_			
Overcrowding (S.2)					_		
Unreasonable Temperature (S.3)			_	-			
Inadequate Ventilation (S.4)			_				
Ineffective drainage of floors (S.6)			_	_			
Sanitary Conveniences (S.7) (a) Insufficient (b) Unsuitable or defective	1	<u> </u>		1	_		
(c) Not separate for sexes		_		_	_		
Other offences against the Act (not including offences relating to outwork)		_		_			
Total	5	4		2			

There are no outworkers registered in this area.

Pest Infestation

No extension of this service was possible due to staffing difficulties and fortunately infestation level remained as last year. Routine sewer treatments were not carried out and even though new techniques reduce labour costs it would not be possible in this area to carry out sewer treatments with the present staff. It fortunately seems unnecessary because no connection between surface infestation and the sewers is apparent.

Ministry of Agriculture, Fisheries and Food Prevention of Damage by Pests Act, 1949 Report for 12 months ended 31st December, 1962

	TYPE OF PROPERTY							
		Non-Agricultural						
	(1) Local Author- ity	Houses (inc. Council	(3) All other (includ- ing Business Premises)	(4) Total of Cols. (1), (2) & (3)	(5) Agri- cultural			
I No. of properties in Local Authority's district. (See notes 1 & 2)	3	4593	558	5154				
II Total No. of properties inspected as a result of notification. (See note 3)		48	29	77				
No. of such properties found to be infested by: Major Common Rat: Minor (Note 4)		34	20	54				
III Total No. of properties inspected in the course of survey under the Act	3	29	2	34				
No. of such properties found to be infested by: Major Common Rat:								
Minor	3	22		25				
IV No. of infested properties (in Sections II, III & IV) treated by L.A	3	56	20	79				

Noise

Noise from the air intakes to fans at the local glass-works became the subject of complaint towards the year end. Arrangements for the fitting of silencers to seven air intakes was in hand at the year end and it is hoped that these will be as effective as the provision of silencers to other similar machinery was two years ago. No formal action was necessary, the firm gave full and willing co-operation. In future extensions, provision is to be made for the installation of the fans underground.

PUBLIC CLEANSING

During the year, 131 premises were added to the district's total and staffing difficulties arose. The fixed bonus scheme, which has been operating since 1954, continued satisfactorily and is as good as recently publicised schemes. The larger vehicle, now ten years old, could not be expected to operate at a higher rate and no major alteration to the service was made. A demonstration continuous loading compression vehicle worked an area for two days and proved capable of a greatly increased work rate but the men were not enthusiastic and the Health Committee decided to purchase a Fore and Aft Tipper with compression plate as a reasonable compromise, this was delivered at the end of the year.

The tip was trouble free and was sold to the General Electric Company during the year, with permission to continue tipping until December, 1963, or later by agreement. The canal was not available during the year but progress towards its abandonment by British Waterways was encouraging.

Frequency of collections	• • •	• • •	7	7-8 days
No. of premises	• • •	• • •	• • •	4,593
No. of dustbins	• • •	• • •	• • •	4,880
Loads of refuse		• • •	• • •	1,999

				`		£
	Cost of collection	• • •		• • •		9,810
	Cost of disposal	• • •	• • •	• • •		984
						£10,794
						210,791
	Salvage revenue	• • •	• • •		• • •	1,104
Vehic	les					Registered
	Morris Lorry (30 cw	ts.)	• • •	• • •		9.4.54
	S.D. side loader (9 cu	ı. yard	ls)		• • •	10.11.49
	S.D. Fore and Aft (18	8 cu.	yards)			1.7.52
	Fordson tractor/digge	er/scra	aper	• • •		1.4.59
	Fordson Van (15 cwt	:s.)	'e e e		• • •	1.1.61
	roluson van (15 cwt	.5.)	10.00	• • •	• • •	1.1.01

Staff

Foreman and 14 men (including drivers).

In any expanding area, services will inevitably become totally more expensive. Labour costs account for 90% of the total and it is unlikely that this will be reduced unless completely new systems of collection and equipment are introduced.

Paper sacks instead of dustbins were tried at four dwellings, and whilst the attraction of this form of container was accepted, it was decided not to institute a pilot scheme involving 90 new dwellings. The modern rear loading vehicles whilst not completely dustless, offer reasonable hygiene at reasonabe cost.

SECTION "D"

HOUSING AND SLUM CLEARANCE

By the end of the year, acceleration of, and additions to, the slum clearance programme had increased the number of properties demolished (or pending demolition) from the planned 53 in the short term to 96. A further 20 properties were being considered at the year end but must await new building provision.

Tenants rehoused to new schemes and relets (includes bungalows)

(a)	From	temporary prefabs	• • •	• • •		63
(b)	From	slum clearance	• • •	• • •	• • •	45
(c)	From	Housing list (general	need)	• • •		25

Of the 142 houses in the original 1960/5 programme, 52 properties remain to be dealt with from an amended total of 165. The total number of families rehoused from houses demolished in the 12 years ended December 1962 was 260.

The decision to demolish the temporary Aluminium Bungalows (100) has meant a considerable reduction in the houses available for general need and has put an added strain on the department because of the difficult attitude of some of the hundred tenants awaiting transfer; normally, no more than 15-20 allocations are made at any one time. The amount of time taken on interviews to maintain satisfactory public relations was considerable.

Damage was done to the vacant prefabs. by vandals and thefts of fittings regularly occurred. The culprits were discovered on two occasions and prosecution followed.

Redevelopment of the area cleared of prefabs, is planned and it is encouraging to note that new council house building is proposed. No reduction of numbers on the housing list occurred during the year but it is hoped that a large proportion of the new dwellings will be available for general need during the next 12-18 months to alleviate the position which is as follows:—

Ja	an. 1963	Jan. 1962	Jan. 1961
T.B. cases (M.O.H. recommendation)	2	2	2
Lodgers with insufficient bedrooms	2	4	4
Lodgers with children	73	65	73
Lodgers without children	74	57	56
Tenants with insufficient bedrooms	9	9	8
Tenants	264	233	275
		-	-
	424	370	418
Applicant's without houses of their			
own	149	126	133

19 applicants were allocated accommodation (including bungalows) during the year, 14 to relets and 5 to new dwellings.

Overcrowding

One case of legal overcrowding is recorded in the district and several applicants with insufficient bedroom space are noted.

Married couples in rooms still have a waiting time of $4\frac{1}{2}$ -6 years which is no improvement over the past seven years in spite of a vigorous building programme. The aim should be to reduce this period to not more than two years.

WELFARE

No alterations to the old peoples' Wardens service were necessary during the year and the dispersed scheme has proved suitable in practice. It allows considerable freedom without any apparent supervision, eschews the need for bell or loudspeaker systems, is relatively inexpensive and provides an essential and appreciated service to 167 old peoples' dwellings. Not all the tenants receive the supervision from the four wardens employed.

26 visits following the service of eviction notices on tenants for rent arrears were made during the year. Some tenants do not take rent liability as seriously as they should, but no possession orders were obtained where there were young children in the tenants' family. So few houses owned by the N.C.B. are in the area that no problem will arise where employees of the mining industry holding "Service tenancies" are evicted following their obtaining employment outside the coal industry.

HOUSING STATISTICS FOR THE YEAR 1962

No. of Dwelling Houses in District	 	4,593
No. of Houses included in above		
(a) back-to-back	 	Nil
(b) single back		Nil

Slum	Clearance	
	Estimated number of unfit houses at 31.12.62 in	
	respect of which no representation has yet	
	been made	6
	Please give details of future slum clearance	
	programme — 52 houses remain on the 1960/65 programme for clearance.	
House	es in Clearance Areas and unfit houses elsewhere	

(b) individual unfit houses

7

30

1.4		1		
A.	CE AREAS of Housing Act 1957	Number of Houses Demo- lished	Unfit for human habitation Included by reason of bad arrangement On land acquired under Section 43 (2) Housing Act, 1957	20 —
	ARAN Sec. 42	Persons Displaced during year	From houses unfit for human habitation From houses included by reason of bad arrangement From houses on land acquired under Section 43 (2) Housing Act 1957	58
year	IN CLE, Declared under	Families Displaced during year	From houses unfit for human habitation From houses included by reason of bad arrangement From houses on land acquired under Section 43 (2) Housing Act 1957	20
DEMOLISHED during the y	AREAS	Number of Houses Demo- lished	As a result of formal or informal procedure under Section 16 or Section 17 (1) Housing Act, 1957 Local Authority owned houses certified unfit by the M.O.H Houses unfit for human habitation where action has been taken under Local Acts Houses included in unfitness orders made under para. 2 of 2nd Sched. to the Town and Country Planning Act 1959	15 8
HOUSES DEM	NOT IN CLEARANCE AREAS	Persons Displaced during year	From houses to be demolished as a result of of formal or informal procedure under Section 16 or Section 17 (1) Housing Act, 1957 From local Auth. owned houses certified unfit by the M.O.H	59 15
	I LON	Families Displaced during year	From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957 From local Auth. owned houses certified unfit by the M.O.H From houses unfit for human habitation where action has been taken under local Acts From houses included in unfitness orders	15 8 —
	Numb as clo		gs included above which were previously reported	

117											
during closing	Number of Houses	Act 1957	ions 16 (4), 17 (1) and 35 (1) Housing, and Section 26 Housing Act, 1961ions 17 (3) and 26 Housing Act, 1957								
SES CLOSED dur pursuance of clos or undertakings	Persons Displaced during year	From houses to be closed:— Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957 and Section 26 Housing Act, 1961 Under Sections 17(3) and 26, Housing Act, 1957									
Families Displaced during year Under Sections 16 (4), 17(1) and 35 (1) Housign Act, 1957, and Section 26 Housing Act, 1961											
							C. Unfit houses made fit and houses in which defects were remedied	After form Act: After form 1957:	al notice und	nal action by local authority:By owner I notice under Public Health By owner By local authority al notice under Sections 9 and 16 Housing Act, By owner By local authority	
y Use	DOGUTION	Retained for	Under Section 48:No. of houses No. of separate dwellings contained therein	_							
Temporar Act, 1957)	POSITION AT END	temporary accommo-	accommo-	accommo-	accommo-	accommo-	accommo-	accommo-	accommo-	Under Section 17 No. of houses (2) No. of separate dwellings contherein tained	
Unfit Houses in Temporary (Housing Act, 1957)	OF YEAR	Under Section 46: No. of houses No. of separate dwellings con tained therein									
Unfit			or temporary accommodation under 34 or 53 No. of houses								
E.	Houses in confirme		areas other than those included in or compulsory purchase orders: No. of houses No. of occupants	=							

No. of families rehoused during the year into Council owned dwellings	
(a) Clearance Areas, etc	45
(b) Overcrowding	-
Rent Act, 1957	
(a) Number of certificates of disrepair granted	1
(b) Number of undertakings to execute repairs	
given by owners to local authority	_
(c) Number of certificates of disrepair cancelled	
Overcrowding	
Any comments in connection with this problem :	
Only one case of legal overcrowding is recorded in the district. For overcrowding	
priority on rehousing, the housing list standard differs from the Housing Act in that it is based on bedroom space only.	. 1
New Dwellings	

Grants for Conversion or Improvement of Housing Accommodation

(66 Aluminium prefab. Bungalows demolished)

No. of new dwellings completed during the year:-

By Local Authority

By private enterprise 118

124

	Formal applications received during the year Number of dwellings	Applications approved during the year Number of dwellings	Number of dwellings completed during year
(a) Conversions. (The number of dwellings is the number resulting from completion of the work)			
(b) Improvements	28	28	/16

Details	of advances for the purpose	e of acquiring	
or	constructing houses		Nil

SECTION "E" FOOD HYGIENE

So much other work had to be dealt with during the year that less work was carried out on this aspect of Public Health. Activity must be increased next year to prevent any tendency to slackness on the part of food handlers and it is anticipated with the early completion of the slum clearance and prefab. rehousing programme, and careful phasing of refuse collection reorganisation, that more time will be available for routine food hygiene work. The generally satisfactory nature of the premises in the area and the popularity of prepacked foods were taken into account when activity in this sphere fell.

Food Hygiene Regulations, 1955 (as amended) and Ice-Cream

(i) No of food premises in the area:

(1)	140.	or room p	remises in the ar	ca.			
	(a)	Catering	establishments	• • •	• • •	• • •	3

(b) Bakehouses 1
(c) Other Food Shops 259

(ii) No. of food premises registered under Section 16 of the Food and Drugs Act, 1955:—

(a)	Ice-Cream	(i)	Manufacture	rs	• • •	• • •	
		(ii)	Retailers	• • •	• • •	• • •	47
/1 \		n	1 0	1.10	1		1.0

(b) Sausages, Potted or Preserved Foods ... 10

The following foods were surrendered and destroyed under supervision:—

		No.	Weig	ht
			lbs.	ozs.
Tinned Fruit	• • •	1,634	2,075	3
Tinned Meat		1,153	3,311	10
Tinned Vegetables	• • •	1,089	1,082	5
Tinned Soup	• • •	329	268	3
Tinned Milk	• • •	368	273	12
Tinned Puddings	• • •	333	311	7
Tinned Fish	• • •	337	207	7
Dried Fruit		7	63	
Tinned Tomatoes	• • •	1,476	519	7

There are no slaughter houses in the district.

Milk and Ice-Cream

No problems arose during the year but it is proposed to regularly sample soft ice-cream which became extremely popular. Only one shop has a soft ice-cream machine installed internally, all the remainder is sold from well equipped vans. No automatic food vending machines selling drinks are in the area.

Milk

Sampling:	Producer/Retai	iler S	ample	es.			
No.	of samples take	en for	: :			:	
(a)	Tuberculosis .	• •	• • •	• • •			· · · · ·
	No. satisfactor	У	• • •	• • •	• • •	· · · ·	
(b)	Brucellosis :—					¥ ,	500 C. 1
	Rign Test .		• • •	• • •	• • •	• • •	
	No. satisfactor		• • •	• • •	• • • 4,	• • • •	• —
	Culture Test.		• • •	• • •	• • •		, f <u>——</u>
	No. satisfactor	У	• • •	• • •	• • •	• • • •	=
Dealer Sar	nples						
			E	No. mined		Satisfa	actory th Blue
Tuberculin	Tested (Raw)	• • •	Exc		———	IVIE	—
Tuberculin	Tested (Past.)	• • •				-	
Pasteurised	d	• • •			_	**	_
Sterilised		• • •					-
	k samples taken alysis under the				-		None
No. found	adulterated .	••	• • •	• • •		• • •	_
No. of pro	secutions .	• •	• • •	• • •	• • •	• • •	
Any instan	ices of disease a	ttribu	table	to milk	?		
*	n under Article eral) Regulation					iri e s	_

Licensing (Food and Drugs Authorities	only)	
	Pasteurised	Sterilised
No. of licensed producers of Heat Treat	ed	
Milk	—	and the second

MEAT INSPECTION

There are no Slaughter Houses in the District.

Method of disposal of condemned food—Under supervision on the refuse tip for small items. Arrangement exists for disposal of carcase meat at Rotherham Abattoir.

Canteens

The canteens in the area are well equipped and maintained. No problem arose and no alterations were carried out. Inspections of these premises were maintained during the year.

Canteens

	Factory	• • •	• • •	•••	• • •	• • •	• • •	5
	Schools-	–preparat	ion or	n premis	ses	•••	•••	4
	_	-supplied	from	central	kitchen	• • •	• • •	4
	Cooking	centres	• • •	•••	• • •	• • •	• • •	1
C	afes	• • •					<i></i>	3

Licensed Premises

The premises in the area are satisfactory.

SECTION "F"

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES Age Distribution (After Correction) Infectious Diseases (Corrected) 1962

Deaths				-	6		10
bns 20 19vO							
₩9 — S₩			1		1	-	2
75 — 44							1
15 — 24		1					
10 — 14	i						I.
6 — 5		17	1		1		17
— Þ		4			1		5
<u> </u>		5					5
_ z		7					7
— I		5		I			5
Under 1 yr.		2		I	1		2
saseS after Correction	I	39		1	2	1	43
Total Cases Notified	1	39		1	2		43
Diseases	Scarlet Fever	Measles	Dysentery	Meningococcal Infection	Acute Pneumonia	Erysipelas	TOTALS

TUBERCULOSIS

No. on Register at 31st December, 1962

			Males	Females	Total
Pulmonary	• • •	• • •	45	29	74
Non-Pulmonary	• • •	•••	7	12	19
			52	41	93

No. Removed from Register during 1962

		nonary Females		Non-Pulmonary Males Females		
Deaths			***************************************			
Others (Transfers, cured						
re-diagnosed, etc.)	5	1				
		1				
	<u> </u>	i 				

Additions to Register during 1962

	_		Non-Pulmonary				
	M.	F.	M.	F.	Total		
New notifications	2				2		
Others, (restored, transfers							
in, etc.)		1			1		
	2	1			3		

New Notifications — Pulmonary

Age Groups:

			Males	Females
45—55 years	• • •	• • •	1	distribution.
65—75 years	•••	•••	1	
			2	







